FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)								0	ffice use	only			
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar over	nple: If typy the lines	ing, type		12F	E4M		ince use	Office			
Baird for Con	gress						ш							Ш
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ADDRESS (number and	street)	Box 5016					ш			ш		ш	1	Ш
(Check if addr is changed)		ouver				1	_ W	A A	— Ц	98	668	<u>—</u> -Ц		Ш Ш
CITY▲								STATE▲ ZIP CODE ▲						
COMMITTEE'S E-MA vwinpisinger@														1
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COMMITTEE'S WEB		RL)												
http://www.br	ianbaird.com			ш					ш	ш				
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COMMITTEE'S FAX N	NUMBER													
با لبنا	سسا لس	J												
2. DATE 0.2	D D / Y	2009°												
3. FEC IDENTIFICATION NUMBER C C00310904														
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)														
I certify that I have exam	ined this Statement and	to the best of my know	vledge an	d belief it is	rue, correc	ct and	compl	ete						
Type or Print Name of	Treasurer	Chris Crowley												
Signature of Treasurer	Electronically File	d by Chris Crow	<i>r</i> ley			С	ate	0	2 ^M	D 2	2 5 /	YYY	2 0 () 9 [°]
NOTE: Submission of fa		nplete information may								of 2 U.	S.C. S4	37g.		
Office Use Only				For further Federal Ele Toll Free 80	ction Com 00-424-95	missic					C FO			

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